The air of the room ought to be kept moderately saturated with moisture. As a general thing rooms are kept too warm; 70 degrees is about right. Too much bed clothing depresses the patient, and also tends to unduly irritate the skin. Should the temperature of the patient be inclined to run unusually high, small doses of antipyretics may be given. The coal tar preparations, in moderate doses are not contra-indicated. Periodical sponging with tepid water should be resorted to; this lowers the temperature, accelerates the development of the rash, thus contributing to the elimination of poisons by the skin. Should the eruption be slow in developing, and particularly where there is a tendency to depression, with attendant general discomfort, I have found excellent results from a combination of liquor acetate of amonia and syrup of Dover's powder. The mouth, and particularly the sulci between the gums and cheeks, should be kept clean. The pharynx and tonsils should be kept aseptic, and the upper air passages kept clean and open by the use of antiseptic washes and the atomizer. If the hearing becomes affected by the occlusion of the Eustachian tube with absorption of the air from the middle ear, careful inflation should be resorted to. Earache calls for the external application of warmth, and perhaps the insertion in the external ear of a few drops of heated glycerine carrying in solution morphin, atrophin, and cocaine, as recommended by Thomas. The eyes should be kept clean by some antiseptic solution such as boric acid. Any unusual involvement of the skin needs prompt attention. Should digestive disturbances arise, laxatives, astringents or antiseptics may be called for. In giving laxatives care must be taken that the alimentary tract be not unduly irritated. Excessive nerve irritation may call for sedatives. The length of time which a patient should be kept indoors will vary with conditions. Ordinarily twelve to twenty days.

In conclusion, perhaps I cannot do better than quote, with due acknowledgement to the "Twentieth Century Practice of Medicine," some extracts from a pamphlet which, during an epidemic of measles in Glasgow, was distributed to the people by the health authorities:

Measles is a dangerous disease—one of the most dangerous with which a child under five years of age can be attacked. It is especially apt to be fatal to teething children. It tends to kill by producing inflammation of the lungs. It prepares the way for consumption. It tends to maim by producing inflammations of the ears and eyes. Measles has carried off more than four times as many persons as enteric fever. It is therefore a great mistake to look upon measles as a trifling disease. Every child ill with measles ought at once to be put to bed and kept warm, for the mildest cases may be made serious by a chill. Measles is for this reason most dangerous in winter and spring. The older a child is, the less likely it is to catch measles, and if it does, the less likely it is to die. If every child could be protected from measles until it had passed its fifth year the mortality from this disease would be enormously decreased. It is therefore a great mistake—because as a rule children sooner or later have measles—to say, "The sooner the better," and to take no measures to protect them, or even deliberately to expose them to infection.

DISCUSSION.

Dr. Kaspar Pischel, San Francisco.—Besides hygienic precautions (care in blowing the nose), I would suggest that the physician inspect the drum membrane every day, just as he inspects other parts of the body. If otitis media sets in, an early paracentesis will relieve the severe pain of the patient, and will cut short the danger of the infection extending to the mastoid. An early incision will prevent the breaking down of the membrane, which is so often accompanied by permanent deafness.

[For further discussion see JOURNAL, May, page 160.]

THE MEDICO-LEGAL RESPONSIBILITIES OF THE PHYSICIAN IN CASES WHERE INSANITY IS ALLEGED AS A DEFENSE.*

By J. W. ROBERTSON, M. D., Livermore.

WHILE the law provides that all citizens owe to the State certain public duties, yet, because of the exacting nature of our profession, we have been relieved of many of the burdens of citizenship. On the other hand, there has been placed upon us other responsibilities which are ill understood and which are often carried out with personal discredit, and injury to our professional standing.

In this paper I desire to set out, fully as I may, not the moral maxims that should guide us, for honest intentions and truthful declarations are presupposed, but certain legal fictions and cumbrous judicial procedures which entangle us in a mesh of false testimony; compelling us to misstate medical facts in order to comply with the rules of evidence.

In criminal cases there are no privileged communications and the physician, if called, must testify to all facts within his knowledge. But he can be, and usually is, called in another capacity; not to testify to specific facts, but to a theory which has for its foundation his medical knowledge. It thus happens that no matter what the case be, no matter how definitely the facts be established, physicians, standing equally well, can be found who will champion both sides and will go on the witness stand and swear to diametrically opposite opinions. So notorious has this abuse of medical testimony become that juries have been warned as to its credibility; and, from the bench, judges have declared that, as testimony, it must be regarded as a partisan statement. Yet, outside the court-room the opinion of these same gentlemen is sought on matters both medical and moral, their social standing is excellent and their reputation, as honorable men, is untarnished. It certainly is not true that their testimony can be bought and sold as so much merchandise. By what necromancy, then, is this change wrought? What power has transmuted their precious gold into this worthless dross? The explanation is not difficult. It simply means that medical facts have been taken out of the narrow limits and familiar surroundings, and have been so distorted as to fit in legal moulds, hundreds of years old.

In law nothing is good that is not old, and, until precedents have fossilized an idea and incrusted it with hundreds of decisions, it does not become a legal maxim. Medicine and law are incompatible and are types of the extremest radicalism and conservatism. In the past hundred years no science has made greater progress than medicine, while law remains a question of precedents and procedures. Imagine a modern surgeon following the treatise of John Vigo on gunshot wounds, or quoting Sydenham as to therapeutic procedures; or imagine a modern judge setting up some rule of evidence in opposition to Blackstone. He would be regarded with supremest contempt and his judgment would only excite ridicule.

In no department of medicine has greater progress been made than in the study and treatment of ailments based on a diseased brain. Not a hundred years ago the connection between the brain and the mind was absolutely denied and Spurzheim, when he asserted their close connection and proved it by arguments which are now so well established as to seem self-evident, had to brave a storm of abuse and ridicule. At the present time our laws, which judicially interpret medical facts, are based on ideas so

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erroneous, from the physician's point of view, that no possible compromise can result.

When a doctor is taken from a sick room, where his whole training and mental habit has made him dominant, and is pilloried on the witness stand, he is by no means changed from a Jekyll to a Hyde. It is true that he is strangely environed, yet his knowledge of the subject discussed is a medical knowledge, and should be far greater than that of the inquisitor which is always superficial, often crammed for the occasion, and but rarely so digested that he can question intelligently. Unfortunately the law allows him to conceal the real facts at issue and in their place to frame a hypothetical question based, not on the whole testimony, but on such a statement of facts as he may desire to establish. In this way the lawyers for each side prepare a hypothetical question so framed as to represent entirely opposing views, and it is not a difficult matter to get any number of physicians to go on the stand. Each honestly answers the questions as framed, yet, by the cunning of the framers, they seem to be swearing to diametrically opposite statements. The true test of the value of medical expert work would be to put the same hypothetical question to all witnesses; let it be framed by the judge so as to cover all the facts he believes to be essential and, above all, let the experts be summoned by the court. Necessarily the answers would be of value if the foundation rests on real knowledge, and it is certain that the opinions would not vary more than in other medical consultations.

Unfortunately, Blackstone does not mention this method of obtaining evidence; and, if any judge should be so rash as to adopt this suggestion, our Supreme Court would invalidate it as not a legal procedure. It is not denied that physicians are often partisan and, in their answers are liable to lean to that side which employs them; but this is a personal equation difficult to eliminate and is certainly accentuated by our cumbrous legal methods.

As it now stands, we cannot listen to the testimony, go upon the witness stand, reject what we believe to be false and base our testimony upon the evidence that to us seem properly adduced. It is for juries to decide as to the credibility of the testimony. We must base our judgment on numberless ill-assorted and impossible statements, possibly contradictory in themselves, certainly not giving a typical description of any mental case with which our study or observation has familarized us. In a case recently tried the astute lawyer for the defense borrowed a work on insanity from his family physician and carefully studied the subject. He found that sunstroke, injuries to the head, heredity, jealousy, epilepsy and organic brain diseases produced insanity. He further found that insanity was characterized by suicidal mania, homicidal mania, periods of unconsciousness, with epileptic seizures, delusions of persecution, headaches, reasoning mania, violent outbursts of passion, loss of memory and kleptomania; and that, as a result, we had dementia, paranoia, acute mania, chronic melancholia and general paresis. He did not hesitate to establish by at least 20 witnesses, members of the defendant's family, employees, and friends, that these conditions all existed, each witness supplying one to half a dozen links in the chain he so skillfully forged—not realizing the impossibility of so many diverse conditions being present in one individual who, before the murder, had been regarded by the community in which he lived as mentally normal. He not only proved that all these conditions were present, but had the usual number of experts who swore that, if all these conditions were present as testified to, the man was certainly insane—a statement the truth of which even the expert for the prosecution was compelled to admit.

As a matter of fact, the plea of insanity, so frequently urged as a defense for murder is, as a rule, a legal subterfuge, and most frequently it is an open secret with judges, jury and attorneys, as well as with the public at large, that, behind this plea, lay revenge for a real wrong which morally, if not legally, justified the taking of human life. After such a murder has been committed, lawyers skilled in the selection of a jury are employed and the farce of a defense begins. Though the defendant may have lived in the community for many years without his mental condition having been either openly questioned or a suspicion of it arising amongst his most intimate acquaintances, the moment the trial begins it is found that some prehistoric ancestor was afflicted with some condition resembling mental alienation. Possibly that the defendant himself had been peculiar; that he sometimes had headaches; that he was obstinate and occasionally had outbreaks of anger; and that, at one time, he had a severe spell of illness and had showed, possibly, undue jealousy; yet the underlying testimony was constantly of a great wrong done him, which the law could not reach or punish. On this showing medical experts are summoned who testify that, under certain circumstances, certain physical conditions with the symptoms enumerated, might lead to insanity; not that it did or that the defendant was insane. Others by equally skillfully worded contentions, deny this possibility; and so the fight of medical experts rages, which finally induces the jury to believe that at least such a thing as insanity does exist—in the abstract if not in the concrete. While there may be a doubt of the defendant's being absolutely normal, there is no doubt but that he did exactly what most men would have done under the same circumstances, and, not because of insanity and the unreasonableness of the act, but because of its very rationality, a verdict of not guilty is rendered; the insanity plea being merely a subterfuge by which the verdict can be legally justified.

On the other hand many homicides have been committed where insanity could have properly been alleged. They are usually characterized either by frenzy and purposeless homicidal passion, or they are cool and deliberately planned and have, as a basis, either morbid ideas or absolute delusions. In fact, the more brutal, purposeless and unjustifiable a murder seems, the more probable is it that it is the act of a homicidal maniac. But the law says that, because we cannot always be certain of the hidden motives that actuate us, we cannot base any conclusion on the apparent lack of motive. The father who deliberately shot his daughter to death, absolutely without reason or motive, did not even plead present insanity; he did insist that his death sentence be commuted to life imprisonment because he was of weak intellect. This plea was refused by the Supreme Court and the sentence of death was confirmed. It would have fared badly with Abraham had he carried out his intended sacrifice of Isaac, and his case had been appealed to our Supreme Court; the only satisfaction being that the first plea of insanity and the first ruling would have been contemporaneous; the medical view changing but the legal ruling having been only more confirmed by the lapse of ages.

The California Reports are stained with judicial murders because of the refusal of the courts to recognize insanity as a mental disease. It is gravely asserted that there is such a thing as partial insanity—in other words, that a person can be insane on one or even upon a dozen subjects, and still, because he can reason, remember and know certain facts as they

really exist, that this man should be held responsible for his acts. The law says that a man need not possess a sound mind in order to render him liable to punishment. "The defendant might be of unsound mind upon every other subject except the one that instigated the murder, the defendant might have been acting under a delusion at the time of the homicide, that the deceased intended to steal from him, and for this reason, not of sound mind, and still the law holds him guilty of murder." The test of criminal responsibility was established many years ago when Tyndall, Chief Justice of England, in answers to questions proposed by the House of Lords to the judges as to what constituted responsibility, gave the following answer: "To establish a defense on the ground of insanity, it must be clearly proved that, at the time of committing the act, the party accused was laboring under such a defect of reason, from disorder of the mind, as not to know the nature and quality of the act, or, if he did know it, not to know that he was doing what was wrong." This test of right and wrong is one of the most absurd medical propositions conceivable, yet it is good law. Because our English ancestors, totally misunderstanding the nature and symptoms of insanity, formulated it, our own law courts accept it as a legal maxim.

If insane patients had no knowledge of right and wrong, if they did not govern themselves according to our rules, and did not regulate their lives in accordance with our laws, our asylums would be Bedlams in place of orderly and well conducted hospitals. Of our 6,000 insane, at least 5,000 do know that they must conduct themselves properly, and that a breach of certain rules will entail loss of certain privileges and, by this knowledge, our asylums are governed; all who are not absolutely imbecile have some glimmering knowledge of proper conduct.

One judge did go so far as to declare that "total loss of understanding is evidence of an imbecile rather than an insane mind. Fatuity is one thing; insanity another."

I can find no other decision upholding so hetorodox a view of this well established maxim. Though the cunning of the insane is proverbial, though the records of our asylums teem with cases illustrating forethought and systematic conduct of life, and though many of our most dangerous and undoubted lunatics can converse rationally on many subjects and, to the casual observer show no active insanity, yet the law tenaciously holds to the "mad dog" theory of insanity and denies its right to be placed as a defense, except in those cases of raving madness where all consciousness is lost—a thing which rarely occurs even amongst the most violently insane.

If the law would broaden this definition to that of thorough comprehension as distinguished from a theoretical knowledge, it would still be too narrow. As there is no definition of insanity possible, nor even any description of it so broad as to include every class, so there can be no test applicable to all cases; certainly not the test of the knowledge of right and wrong. If any test can be applied it would be one of loss of will power, which all medical authorities agree in claiming, yet which the law denies. Certainly of all legal propositions the claim of partial insanity has led to the most flagrant legal abuses. In a case recently tried it was shown that a man gradually developed systematized delusion of persecution and often complained to his friends that he was being persecuted and hounded by certain religious organizations. These delusions he exhibited many times. While working in the fields with other laborers all drank water out of a bucket, the cup having been broken. One man jokingly remarked that the loss of the cup made no difference as they all belonged to the same great family. This remark was taken up and brooded over by the insane man; and, after warning the other that he had no right to make such a remark, that he was no relative and that he knew a conspiracy was on foot, shot and killed him. On trial he was convicted and condemned to be hung, and, on appeal, the verdict was sustained.

Another man, believing that his neighbors were slandering him and were attempting to drive him out of the country and plotting his ruin, lay in ambush and killed the man he believed to be the most persistant of his enemies. Though these facts were well established, he was convicted. Another case is that of a husband who had gradually developed delusions of persecution and of being poisoned. He claimed that this poison was introduced into his system through food prepared by his wife, and exhibited some eczematous patches as proof. He had taken portions of this food to chemists for examination and had publicly declared his belief that he was being systematically poisoned. One day he came to his dinner accompanied by friends, and all were served with soup by his wife. After tasting his soup he turned to his wife and declared that she was again attempting to poison him; got up from the table, secured a pistol and killed her. This lunatic was tried, convicted of murder in the first degree, and, on appeal, the verdict was sustained, as at least being good law. These cases are typical of many which occur in the court records. While insanity was plead in all these as a defense, yet in hardly a single case was the issue of present sanity raised.

The courts hold very strongly that no insane person can be tried, and when such a presumption arises during the trial of the case it is the duty of the judge to stop the criminal trial and determine present sanity. In none of the cases quoted, and but rarely in any case, is this done, for the legal mind is slow to accept the medical view of reasoning mania; yet, even in law, the trial should have been one of present sanity and the patient should not have been hung or imprisoned in a penitentiary.

Some years ago a man in a drunken row stabbed an unoffending friend and was tried for murder. The medical expert, called for the prosecution, after examining into the defendant's mental condition, believed that he was then insane and, by his advice, the presiding judge ordered the trial stopped and empanneled a jury to investigate his present sanity. That the defendant was a reasoning homicidal maniac was clearly established, and the man was committed to an asylum. The defendant, both at the time of the trial and after being sent to an asylum, loudly protested that he was not insane and because, while under confinement, did show a certain memory and rationality, finally succeeded in forcing a new trial; not because he was "medically sane, but because, if he so far recovered as to know the difference between right and wrong and could conduct his defense in a rational manner, he is sane for the purpose of being tried, though on some other subjects his mind may be deranged."

Owing to the abuse of this plea, to the suspicion under which a resort to it points and the uncertain detention in an asylum which our law allows, it is a right not often granted. For the purposes of the law many of its contentions are just, if not medically correct. Moral insanity, temporary intoxication, inability to control one's temper known as "irresistible impulse," and transitory frenzy occurring but once in a lifetime, and then of but a few seconds' duration, are all properly excluded as legal defenses.

While it seems useless to suggest any changes in

the law, yet a few slight modifications would make the medical expert of such real value in arriving at a just conclusion as to warrant some change from the now notoriously base use to which such services are often put. When insanity is plead as a defense for a crime committed, a medical commission should be appointed by the court, full access to the accused be allowed, and as full personal investigation be made as one would do in private consultation. The opinion thus arrived at would be of material value in aiding the proper meting out of justice.

There should be a criminal insane asylum built within one of our State prisons, and if the defendant be found insane he should be incarcerated there for the rest of his life, not for the purpose of punishment, but simply to protect the public against a repetition of the homicidal impulse. While this might seem a hardship where insanity is of but temporary duration, yet in the many cases as set forth in the court reports, I do not find a single one where the insanity was not fixed and permanent, and of such a nature that, under similar strain, they would not again become homicidal. If the experts found the defendant not insane at the time of the commission of the crime, or at the time of investigation, and the presiding judge confirms their opinion, then the plea should be disallowed as an issue for the jury to consider. This would at once eliminate, practically, the baser uses to which the plea has been put and, while not freeing the insane, would fully protect the public. At all events, the hypothetical question should be abolished and physicians be allowed such free and full investigation as they demand in private practice before expressing an opinion.

At present the only safe course a medical expert can honorably follow is to refuse to go on the witness stand unless, after a full investigation, he becomes convinced, not that he can answer the hypothetical question honestly, but that he can fully enter into the merits of the case, and know that his contentions have a basis of absolute truth.

APPENDIX.

1. Test of insanity that the accused at the time of committing the offense knew that it was wrong:
   People vs. Hobson, 17 Cal. 424.
   People vs. Coffman, 24 Cal. 230.
   People vs. McDowell, 47 Cal. 134.
   People vs. Pico, 62 Cal. 50.
   People vs. Hoin, 62 Cal. 120.
   People vs. Cleredium, 91 Cal. 35.
   Marceau vs. Travelers' Ins. Co., 101 Cal. 338.
2. Intellectual knowledge of right and wrong with loss of will power to act in accordance with such knowledge does not constitute a legal defense:
   People vs. Hoin, 62 Cal. 120.
   People vs. Clerdium, 91 Cal. 35.
   People vs. Travelers' Ins. Co., 101 Cal. 338.
   Marceau vs. Ward, 105 Cal. 335.
   People vs. McCarthy, 115 Cal. 255.
   People vs. Huberthy, 119 Cal. 216.
   People vs. Barthelman, 120 Cal. 7.
   People vs. Owens, 123 Cal. 482.
3. Brutal and motiveless crimes not necessarily insane crimes.
   People vs. Larrabee, 115 Cal. 158.
   People vs. Smith, 31 Cal. 466.
   People vs. Enbanks, 86 Cal. 295.
   People vs. McCarthy, 115 Cal. 255.
4. Suicide not necessarily proof of insanity.
   People vs. Messersuith, 61 Cal. 246.
   People vs. Owens, 123 Cal. 482.
5. Moral insanity not a legal defense for crime:
   People vs. Kerrigan, 73 Cal. 222.
   People vs. McCarthy, 115 Cal. 255.
6. "Partial" insanity not necessarily a legal defense for crime:
   People vs. Williams, 43 Cal. 344.
   People vs. Bell, 49 Cal. 485.
   People vs. Schmidt, 106 Cal. 48.
   People vs. Hubert, 119 Cal. 216.
   In re Buchanan, 129 Cal. 330.
7. Proof of insanity. A person is supposed to be sane until the contrary is proved, and when it is alleged as a defense for crime it must be shown by preponderance of evidence:
   People vs. Myers, 20 Cal. 518.
   People vs. McDowell, 47 Cal. 134.
   People vs. Messersuith, 57 Cal. 575.
   People vs. Messersuith, 61 Cal. 245.
   People vs. Hamilton, 62 Cal. 377.
   People vs. Enbanks, 86 Cal. 295.
   People vs. Travers, 88 Cal. 233.
   People vs. McNulty, 93 Cal. 427.
   People vs. Bremmesly, 98 Cal. 338.
   Marceau vs. Travelers Ins. Co., 101 Cal. 338.
   People vs. Ward, 105 Cal. 335.
   People vs. McCarthy, 115 Cal. 255.
   People vs. Allender, 117 Cal. 81.
8. Amounting to such proof that a civil jury would find him insane:
   People vs. Hamilton, 62 Cal. 377.
   People vs. Messersuith, 61 Cal. 246.
9. To raise reasonable doubt not sufficient:
   People vs. Myers, 20 Cal. 518.
   People vs. Travers, 88 Cal. 233.
   People vs. Ward, 105 Cal. 335.
   People vs. Bathelman, 120 Cal. 7.
10. Not necessary to prove beyond a reasonable doubt:
   People vs. Coffman, 24 Cal. 230.
   People vs. Wilson, 49 Cal. 13.
   People vs. Wreden, 58 Cal. 392.
   People vs. Hamilton, 62 Cal. 377.
11. While an insane person cannot be tried for any crime committed, but plea of present insanity must be raised at time of trial and by order of the presiding judge, if he be in doubt as to the present sanity of the accused:
   People vs. Farell, 31 Cal. 576.
   People vs. Ah Ging, 42 Cal. 18.
   People vs. Pico, 62 Cal. 50.
   People vs. Lee Fook, 85 Cal. 300.
   People vs. Schmidt, 106 Cal. 48.
   People vs. McCarthy, 115 Cal. 255.
12. "General" insanity as contradistinguished from temporary aberration must be established:
   People vs. March, 6 Cal. 543.
   People vs. Francis, 38 Cal. 183.
   People vs. Travers, 88 Cal. 233.
   People vs. Lane, 101 Cal. 513.
   People vs. Schmidt, 106 Cal. 48.
   People vs. Shattuck, 109 Cal. 673.
   People vs. McCarthy, 115 Cal. 255.
13. Evidence as to insanity admissible not only as to the time of the commission of the crime, but for periods both before and subsequent where it tends to show permanent mental alienation:
   People vs. March, 6 Cal. 543.
   People vs. Farrell, 31 Cal. 576.
   People vs. Francis, 38 Cal. 183.
   People vs. Smith, 57 Cal. 130.
   People vs. Lee Fook, 85 Cal. 300.
14. Defense of insanity is often resorted to in cases where overt act is so thoroughly proved that no other means of escaping punishment remains:
   People vs. Dennis, 39 Cal. 625.
   People vs. Bamberger, 45 Cal. 650.
   People vs. Pico, 62 Cal. 50.
   Marceau vs. Travelers' Ins. Co., 101 Cal. 338.
   People vs. McCarthy, 115 Cal. 255.
   People vs. Larrabee, 115 Cal. 158.
   People vs. Allender, 117 Cal. 81.
15. Intimate acquaintances may give an expert opinion as to the mental state of an accused person and the degree of intimacy entitling to this opinion is largely left to the discretion of the trial judge:
   People vs. Pico, 62 Cal. 50.
   People vs. Firer, 77 Cal. 147.
   Phelock vs. Godfrey, 100 Cal. 578.
   People vs. Lane, 101 Cal. 513.
   People vs. Schmidt, 106 Cal. 48.
   Estate of Wax, 106 Cal. 343.
   People vs. McCarthy, 115 Cal. 255.
   People vs. Hubert, 119 Cal. 216.

DISCUSSION.

Dr. H. G. Brainerd, Los Angeles.—It is a well-known fact that expert medical testimony has become a by-word to the profession and to the public, and they think anything can be obtained if one has money enough. There is a reason for this false testifying, and there are some ways in which it can be overcome. The medical expert is approached by the lawyer and the case is stated as the lawyer sees it. If the opinion given by the physician is unfavorable he is not called in that case. Say that this hypothetical question is the thing upon which he bases his opinion. The questions are usually long and very difficult to follow, and it is very difficult for him to follow a question which is so

new that he cannot recognize it. There is so little between them that you do not recognize them as the same. Your opinion is turned and you are caught whichever way you answer. There are certain things which overcome this in France and England; they have a commission of experts to whom are referred the questions of sanity. None of us should attempt to give an opinion unless we get all the facts.

The experts appointed by the court should have full authority to see the patient, to make personal examination, and opportunity for consultation in the room of the patient. The present legal test is very different from the medical idea of insanity. It is a question as to whether the person who has committed the crime knew the character and quality of his act. A case has been on trial in Los Angeles where the man went into the place where he had been employed and killed everyone in sight. No one could question his insanity. The interesting thing is that the history shows that he has been of unsound mind for years. If he had gone to trial he would have been hung. He had written in a note what distribution to make of his things, and also said that he was going to the shop to put an end to the place which had kept him out of work. Men who are insane on one subject should be isolated and put where they cannot do murder.

Dr. R. F. Rooney, Auburn.—When Dr. Cluness was president of this Society I wrote a paper of this kind, in which I took a good deal the same ground as Dr. Robertson has taken. If that idea was carried out it would do away with a great deal of the necessity of expert evidence. A man who commits a crime in which life is in danger, whether he be acquitted upon the question of insanity or not, should afterwards be put for life in an institution. Because, if he is a criminal and escapes through the plea of insanity, he is not a safe man to be at large. If he did commit that crime through a mental delusion he is not fit to be at large. He is always liable to be insane again. Therefore, if we could have an institution for criminal insane in which every one who has committed a crime and escaped capital punishment could be placed, it would do away with a great many pleas of insanity. Let the person know that no matter what the outcome of the trial on the plea of insanity, he shall forever after be segregated from his fellows.

Dr. J. W. Robertson, Livermore.—I would like to point out the fact that whenever insanity is alleged and does not exist, that the patient is acquitted. Of course the public rather sneer at us in saying anyone is insane. The real statement is that nobody is absolutely normal.

RICKETS AND PROPRIETARY INFANT FOODS.—REPORT OF A CASE.

By LEWIS S. MACE, M. D., San Francisco.

THE CHILD whose case is here reported, an infant six months old, was believed to be in perfect health, except for an attack of constipation, for which advice was sought. He had been fed since birth on a proprietary infant food supposed to consist of ground grain heated to the extent of converting a portion of the starch, mixed with milk, limewater, sugar and cream in proportions which appeared to agree with his digestion.

At first sight the child could have posed for one of the numerous advertisements which are constantly kept before the public eye by the manufacturers of infant foods, who are always so kindly thoughtful for the therapeutic advancement of their customers. His cheeks were fat and rounded, his expression intelligent and active, and his whole body plump and well proportioned. On further examination, however, it was noticed that the skin was dry and of a dull white color; the plumpness was seen to be due to large deposits of subcutaneous fat, and underneath this the gluteal and calf muscles could be felt flabby and weak and lacking in normal size and tone. The abdomen was prominent, and the epiphyses somewhat enlarged. At the costochondral junction a well-marked rosary could be palpated through thick cushions of fat. The child's head was octagonal in shape, with prominent frontal eminences, and nearly bald, the hair being thin, short and scanty. On questioning the nurse it was learned that his head perspired very freely, especially at night, and that on this account the pillow often had to be changed.

These positive evidences of rickets were observed with much surprise in a child who had every advantage of attention, the best hygienic surroundings and the most scrupulous care. In this case the food only could be at fault, and this was at once examined. Samples taken from the baby's nursing bottle showed a very much diluted milk, containing a little over 1 per cent total proteids, an astonishing amount of starch, and but 1 2-5 per cent of butter fat. Here, then, was the cause of the trouble. The infant food, warranted to produce a fat baby in every instance, had done so in this case, but the very presence of the fat had concealed the real condition of affairs. The child was actually starving for its natural nutriment.

In all probability the result would have been that within a short time some intercurrent affection, accompanied by fever, would have removed this excessive amount of fat produced by the large quantity of carbohydrates in the diet, and then the flabby muscles and knobby bones would have rendered the condition apparent to the most casual observer. Had the investigation not been carried below the superficial testimony of the weight chart and apparent good looks of the child, the disease might easily have been overlooked until more serious results had occurred.

The fact that the use of condensed milk and infant foods which do not make use of natural, raw cow's milk in preparation, are followed in the majority of cases by more or less well-marked signs of malnutrition is too well known to require comment; but the evil effects following the injudicious use of the patented cereal preparations with which the market is flooded receives far too little attention. These articles at best are no better than cereal decoctions properly prepared from oats, barley or other similar grains, although their cost to the consumer is many times greater, and often they are so poorly made and given in such quantities that the intestinal canal of the infant is overloaded with partially cooked starch to the extent of interfering seriously with the assimilation of suitable food, while the rapid accumulation of fat renders it extremely difficult to judge whether the cream and casein are being fed and digested in quantities necessary for the production of healthy blood, bone and muscle.

The evil results of prescribing remedies the formula of which is secret can hardly be overestimated. How much more reprehensible is it for the physician to give a healthy infant a patented food, the constituents of which are unknown and the process of manufacture unexplained, the result of which may be the death or permanent enfeeblement of a normal child. Examination of the food in question showed it to contain about 80 per cent of insoluble carbohydrates—starch—and taking into consideration the fact that the early administration of solid food is a well-known and frequent cause of rickets, and that this food was given the infant when a few days old with marked diminution of the fatty elements, it is not to be wondered at that the result was so serious.